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ABSTRACT

Social gerontological studies have found little relation between family availability and interaction and well-being of the elderly. Friendship and neighboring interactions seem more consistently related to well-being, but even this is not universal. This study, conducted to examine whether similar patterns exist in other age groups, included young adults, early middle-aged adults, late middle-aged adults, and older adults to compare the effects of social support on well-being in different stages of adulthood. Data were obtained from the Quality of American Survey which provided interview data from 3,692 adults about their social-psychological condition, their needs and expectations from life, and the degree to which their needs were satisfied. The results showed that family support had the strongest effect on well-being of men and women in early adulthood. Support by friends was the next highest predictor of well-being, followed by support by neighbors. All three supports were found to be significantly related to well-being for young adults. Similar patterns were found for other age groups as well. These findings support the hypothesis that social support is positively related to well-being. These findings were different from findings of previous social genrontological studies, possibly due to the difference in measuring interaction and social support variables. The findings do appear to be consistent with various theories in social gerontology. (NB)

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THE IMPACT OF INFORMAL SOCIAL SUPPORT ON WELL-BEING: COMPARISON ACROSS STAGES OF ADULTHOOD

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THE IMPACT OF INFORMAL SOCIAL SUPPORT ON WELL-BEING: COMPARISON ACROSS STAGES OF ADULTHOOD

INTRODUCTION

Given the positive connotation of the word "support," it seems reasonable to assume that support from the family, friends, neighbors contributes positively to the person's well-being. Social gerontological studies, however, have found little relation between family availability and interaction and well-being of the elderly (Kerckhoff, 1966; Spreitzer and Snyder, 1974; Arling, 1976; Wood and Robertson, 1978; Lee, 1979; Lee and Ihinger-Tallman, 1980; Mancini, 1980; Blau, 1981; Lee and Ishii-Kuntz, forthcoming). Friendship and neighboring interactions seem more consistently related to well-being, but even this is not universal (Adams, 1971; Lemon et al., 1972; Phillips, 1973; Larson, 1978; Hoyt et al., 1980; Blau, 1981; Chappell, 1983; Ward et al., 1984). These patterns seem surprising, given the importance that has been attributed to informal social ties and the support they provide. It is particularly surprising to find that the elderly's interaction with family members has virtually no significant effect on their morale since the family is considered the primary source of emotional support both by lay people and social scientists.

The purpose of this paper is to examine if similar patterns exist in other age groups. Most of the gerontological research is rather limited in scope since they focus only on the elderly. However, social gerontolgoy is a study about aging, not about only the aged (Decker, 1980). Thus restricting

attention to people sixty-five and over does not allow for systematic comparisons between older and younger people (Blau, 1981; McClelland, 1982). This study will include four different stages of adulthood, i.e., young adulthood, early middle-aged, late middle-aged and aged, to compare the effects of social support on well-being in different stages of adulthood. To accomplish this task, theoretical relationships between social support and morale will be established by reviewing literature in social gerontology as well as in mental health.

THEORETICAL RATIONALE

Social exchange theory, symbolic interactionist perspectives, and Durkheimian theory of social integration will be discussed here in terms of their implications for the direct effects of social support on well-being.

Social Exchange Theory

Behavioral theories have considered interpersonal relationships in terms of their capacity for providing rewards that a person values. It is reasonable to assume that the more rewards provided in the relationships, the more supportive it will be. A critical issue, however, is to have specific postulates about the nature of the rewards provided and a theory that emphasizes the reciprocal aspects of social behavior. Merging concepts from behavioral theory and economic theory, exchange framework has considered interpersonal relationships as a system in which rewards are exchanged between participants.

Viewing the importance of resource exchange in social relations and extending theory on the strength of social ties, Lin(1982) proposed two courses of social action, instrumental and expressive to achieve goals of the

participants in the relationships. Instrumental actions are those taken to achieve specific goals that are distinguishable from their means. Job-seeking, purchasing, and acquiring an education are examples of instrumental activities. Expressive actions, on the other hand, are actions that have indistinguishable means and goals. Sharing emotional problems and exchanging life experiences are examples of the latter activities. Lin argued that the degree of success for either type of action depends to a large extent on the resources provided by the individual's social ties. Social resources, in contrast to personal resources, are not in the possession of individuals. Rather, they represent resources embedded in the interpersonal social relations of the individuals. Different social resources are needed for different actions. For successful instrumental actions, access to and use of numerous widely diverse resources are desirable. The expressive actions, however, are primarily for the purpose of maintaining rather than of gaining social resources (Lin, 1982). This purpose is best accomplished by interaction with others who share similar characteristics and lifestyles. If this assumption is true, then successful expressive actions are more likely to occur through informal ties.

Lin (1986) makes an assumption that mental health represents psychological and emotional status of a person, and its promotion and maintenance requires expressive action. We can easily extend mental health to include a more general sense of well-being and assume similarly for well-being. From this assumption, the social-resource theory permits certain predictions regarding the process of maintaining high well-being: namely, that access to and use of informal ties promotes one's well-being. Maintenance of a healthy well-being, no matter how it is defined, requires sharing and

confiding among intimates who can understand and appreciate each other's problems. Viewing kinship, friendship and neighboring, we can predict that supports provided in each relation have important positive influences on emotional status of a person.

Symbolic Interactionist Theory

The symbolic interactionist theory, best represented by the writings of Cooley (1922) and Mead (1934), posits that self-evaluations and social identities originate in social interaction. One of the most important assumptions of symbolic interactionism is that humans are active and creative beings. Humans are unique in that they possess the ability to designate, respond to, and attach meanings to social objects, be they things, events, other individuals, or themselves. This ability to see oneself as an object allows for the development and evaluation of one's view of self, or the self-concept (Mead, 1934; Turner, 1974). Self-concept provides a basis for motivating and evaluating behavior and for giving coherence and meaning to life (Turner, 1968).

The self-concept has two basic components: content and evaluation. The content of the self is based on one's experiences with the world. As active and creative beings, humans are involved in a number of roles and interactions throughout life. It is the combination of many personal and social roles and interactions that make up the content of the self. This unique configuration of the many aspects of self is called one's identity (Gergen, 1971). Thoits (1986), in her recent study on multiple identities argues that role-identities not only can help define who one is, but suggest how one ought to behave. Roles and role requirements should give purpose, meaning, and guidance to one's sense of self as a meaningful, purposeful

entity which is derived in part from the social roles one accepts and enacts. A sense of meaningful and purposeful existence derived from multiple identity involvements should, therefore, reduce feelings of anxiety and despair (Thoits, 1983).

Guidance obtained from role expectations should prevent disordered conduct. Thus, the possession or an acquisition of role-identities should enhance psychological well-being and functional behavior. Role-identities are embedded in informal relationship from which a person derives a meaningfulness of existence, thus the interaction and support given by kin, friends and neighbors are expected to positively influence well-being.

The evaluative dimension of the self is called self-esteem which consists of two components: self-efficacy and self-worth. Self-efficacy refers to a person's feelings of competence, influence, and personal effectiveness in his or her world. When one feels potent in his or her interactions and environment, he or she feels efficacious and powerful. Self-efficacy is conceptualized as a standard which is more individually and internally developed. In contrast, self-worth is conceptualized as more dependent on external evaluations of self by others. Social comparisons and the reflected appraisals of others become paramount for establishing one's level of self-worth (Gecas, 1971; Franks and Marolla, 1976). To the extent that reflected appraisals and social comparisons derive from interpersonal relations, informal social support should be directly related to subjective well-being.

Symbolic interactionism also assumes that social interaction is essential to normal personality development and to appropriate social conduct. Interaction produces the social self, that part of the personality which links

the individual to society and is an important intervening variable in human behavior. By nature, social support helps bolster or maintain self-esteem and social identity, one would expect it to have a direct or main effect upon psychological state. Just such theoretical arguments have been made by Rose (1962), Lemert (1962), and Sarbin (1968) with respect to the etiology of psychological disturbance. With regard to well-being, several research also supports the general notion that social support positively affects well-being (Adams, 1971; Larson, 1978; Geroge, 1980).

The social isolation hypothesis (Faris, 1934; Faris and Dunham, 1939), which derives from this interactionist tradition, also suggests a main effect of social support on well-being. Faris suggested with respect to schizophrenia that "any form of isolation that cuts the person off from intimate social relations for an extended period of time may possibly lead to this form of mental disorder" (1934:157). At a more experimental level, a study by Harlow and Zimmerman (1959) demonstrated the effects of complete social deprivation on young monkeys. Monkeys that were isolated showed many more maladaptive behaviors than those that were not. Primates, in general, and humans, in particular, seem to require social interaction in order to be mentally and physically healthy. Medical research also reported that isolated people were more likely to die than non-isolated people, if they came down with a major illness (Berkman, 1978). If it is the case that social isolation affects health, then it should also be true that it diminishes opportunities for self-evaluations thus lowers subjective well-being.

For this study, we include informal social support which partially implies the degree of self-evaluations for the relationship. Intimate relationships provide more opportunities for reflected appraisals, social

comparison, and self-attributions than non-intimate relationships. Their high-trust and low-risk context provides more opportunities to share thoughts, ideas, problems, or other personal concerns. Further, people with whom actors share intimate relationships are more important in influencing opinions of self than are those in less intimate relationships (Mead, 1938). Thus, we expect that interaction in informal realms should be more important in influencing well-being than does interaction in formal realms. From symbolic interactionist perspective, we again predict that interaction with one's family, friends, or neighbors should be directly related to well-being.

Durkheimian Anomie Theory

Durkheimian anomie theory assumes that psychological well-being is maintained by social integration. According to Durkheim (1951), the traditional and stable rules of conduct of socially cohesive groups give members a sense of certainty and purpose in living. Thus, social integration, or normative regulation, protects the person against the uncertainty and despair that may lead to disordered functioning. Again, the implication is that social support, as the result of social integration, should have a main effect upon psychological state.

Social interaction may be considered as a component of social integration. However, Durkheim located the source of that existential security in the group; the present formulation located it in the reciprocal role relations which sustain the identities making up the self in groups. Put another way, Durkheim viewed a stable social structure and strong, widely held norms as protective. The approach here argues that structural positions are psychologically protective only when accepted and enacted in roles with which the actor is personally identified. This moves analysis from the ecological

or community level to the individual level (Thoits, 1983), thus avoiding the problems associated with "ecological fallacy" (Robinson, 1950).

Social integration was the basic concept used in Rosow's (1967) study of the aged. Rosow conceptualized social integration as two different referents which should be distinguished. The first is that of the total social system (Merton, 1957). Integration then concerns the articulation of various institutions and sub-systems with one another - the network of linkages, reciprocal relations, and functional connections between structures. But the second perspective is at the individual level. Integration then concerns how the person is tied into the web of belief and action in his society.

The integration of individuals into their society, according to Rosow, results from forces which place them within the systems and govern their participation and patterned association with others. This network of bonds has three basic dimensions: (1) social values, (2) formal and informal group membership, and (3) social roles. Thus, people are tied into their society essentially through their beliefs, the groups that they belong to and the positions that they occupy. By operationalizing integration as density of the environment in which the elderly live, Rosow found support that age densities have positive effects on old people's local friendship activity and embeddedness in friendship groups. In the present study, social interaction and social support represent bonds through similar social values, informal group membership and several social roles attached to the relations. Therefore, social integration in kinship, friendship, and neighboring protects the person against uncertainty which in turn enhances subjective well-being.

Recent work seems to support the theoretical implication of social integration. The literature on social networks contains several studies that indicate an association between structural features of support networks, i.e., social integration, and psychiatric disturbance. Psychiatric patients' systems are found to be smaller in size than are those of controls; furthermore, patients' networks contain fewer multiplex relationships than do those of controls (Mueller, 1980). Although the causal direction is unclear in these studies, the results imply that certain dimensions of social support are directly related to psychological state.

In summary, all the theories discussed above predict positive effect of social support on subjective well-being. This direct and positive relationship has also been documented by numerous studies (Moriwaki, 1973; Miller and Ingham, 1976; Brown et al., 1977; Henderson et al., 1978a, 1978b; Roy, 1978; Berkman and Syme, 1979). Finally, a few studies that examine the interrelationships between social support, life events, and psychological state indicate that support does not moderate the impact of life events, but instead has a direct main effect upon psychological well-being (Andrews et al., 1978; Lin et al., 1979; Thoits, 1984). Although different dimensions can be examined in each theory, taken together they imply that social support may be an important variable in its own right. The principal thesis in this study, therefore, is that the social support varies directly with morale. Operationalizing social support by three types of informal relations, we will test the hypotheses that social support given by family members, or friends, or neighbors positively influences morale. These relationships derived from principles of exchange, symbolic interactionism, and Durkheimian integration theories will be also tested for different age groups. Since the theories

discussed above explain the relationship between social support and morale regardless of age, we predict that social support positively influences morale of individuals in different stages of adulthood.

METHOD

Sample

The data utilized for the present study derive from The Quality of American Survey by the Institute for Social Research at the University of Michigan (Campbell and Converse, 1978). The sample of 3,692 persons was drawn from a nationwide probability sample of persons 18 years of age and older. These persons were interviewed on the dimensions of their social-psychological condition, their needs and expectations from life, and the degree to which these needs are satisfied. There are 1,831 men and 1,843 women in the sample whose combined average age was 44.7 years.

Measurement

Our dependent variable, well-being was measured by five items, reflecting affective and cognitive domains of well-being. Affective domain measures include the following items, "How often do you feel you are really enjoying life?" (ENJOY) with the responses ranging from rarely to all the time, and "How would you say things are these days -- would you say you are not too happy, pretty happy, or very happy?" (HAPPY).

In addition, the following items are included to reflect cognitive domain of morale: "How satisfied are you with your life as a whole these days?" (SATLIFE) and "Considering everything, how satisfied or dissatisfied would you say you are with yourself as a person?" (SATSELF) to both of which the seven-level response scales ranged from completely dissatisfied to

completely satisfied. Combining both affective and cognitive aspects of morale, the following item was also used: "How do you feel about your life as a whole?" (FEELIFE) with the response categories of terrible, unhappy, mostly dissatisfied, mixed, mostly satisfied, pleased, and delighted.

These five items were added to construct a scale of well-being. Table 1 contains the results of confirmatory factor analysis for the well-being scale.

Table 1. Confirmatory Factor Analysis for Morale Measurement Model.

Morale

	Standardized Coefficients	Reliability
ENJOY	0.417 *	0.417
HAPPY	0.753 *	0.426
SATLIFE	0.994 *	0.605
SATSELF	0.731 *	0.380
FEELIFE	0.698 *	0.511

Note: Coefficients are estimated by maximum likelihood method.
* $p < .001$.

As shown in Table 1, all of the effects of the morale factor on the observed endogeneous variables are statistically significant at the .001 level. Standardized estimates show that morale influences SATLIFE most which is followed by HAPPY and SATSELF. The coefficients of FEELIFE was also similar in magnitude to HAPPY and SATSELF. Except for ENJOY which is least influenced by morale, over 69 percent of variation in HAPPY, SATLIFE, SATSELF and FEELIFE is explained by the morale factor.

SATLIFE is also found to be the most reliable indicator with 61 percent reliability while the reliability for SATSELF was the lowest with 38

percent. Although there are slight variations of reliabilities, overall these five indicators seem to be reasonable measures of well-being.

Social support was measured in terms of frequency and quality of interactions with family members, friends and neighbors. Each type of social support has one measure associated with frequency of interaction, i.e., how often do you visit your children, friends and neighbors, and two measures which reflect the quality of such interactions. The latter measures include such measures as the satisfaction with these relationships. These measures are also added up in each type of social support, FAMILY, FRIEND, and NEIGHBOR.

The stages of adulthood examined here include: Early adulthood (ages 18-34), Early Middle-Age (ages 35-44), Late Middle Age (ages 45-64), and Late Adulthood (ages 65 and older). This classification is consistent with the previous analysis by Medley (1980). The chronological approach is simple, precise and easily explained. Yet this type of classification is arbitrary.

Some argue that one can be at quite different ages in physical health, mental capacity, endurance, creativity, or other functions (Butler, 1975; Rogers, 1979). From this viewpoint, it can be suggested that changes that occur with age are not necessarily caused by change in age. For example, one's perceived health status may have more effect on one's attitudes and behaviors than age itself. A healthy person at the age of 80 may feel much younger than a 40-year-old who suffers from a chronic illness. However, perceived health status is not an indicator of one's age. Our stereotypes of old age may suggest that elderly people report relatively poor health in general. This negative correlation between age and health status has not been established. Many studies find that both institutionalized and noninstitutionalized elderly

persons tend to rate their health positively (Rose, 1965; Shanas et al., 1968; Myles, 1978; Fillenbuam, 1979; Ferraro, 1980). Even the oldest among elderly over age 75 have been found to express an especially positive view of their own health (Ferraro, 1980). Cockerham et al. (1983) also found that those persons belonging to age groups over the age 69 tend to perceive their own health in a significantly more positive fashion than members of youngest adult age groups. Thus rather than being influenced by stereotypical notion of age, it is preferable to treat age as number of years a person has lived.

Variables which were controlled include sex, marital status (MARSTAT) and socioeconomic status (SES). There were six categories of marital status, including married, widowed, divorced, separated, never married and living together. Socioeconomic status includes one's income which was measured in 26 categories ranging from nothing to $80,000 or more, and education measured in years of schooling.

Analysis

The main approach to the data analysis was analysis of covariance, with measures of well-being as the dependent variable and social support variables (family, friends, and neighbors) as well as background variables (sex, marital status, and socioeconomic status) as independent variables. First, separate analyses were run for each age group which was followed by comparison of least square means among different stages of adulthood.

RESULTS

The results obtained by analysis of covariance are reported in Table 2. Family support has the strongest effect on well-being of men and women in early adulthood. Support by friend is the next highest predictor of well-

being. Support by neighbor does not have as strong effect as the other two social support factors. Nevertheless, all three supports are found to be significantly related to well-being. The similar patterns are also shown in other age groups. We can therefore support the hypothesis that social support is positively related to well-being. This is somewhat different from the previous gerontological findings where little relation was found between family interaction and well-being. The implication of these differences will be discussed later.

Table 2. Analysis of Covariance for Social Support and Well-Being Controlling for Sex, Marital Status and SES in Four Stages of Adulthood.

	Stages of Adulthood			
	18-34	35-44	45-64	65 and Older
FAMILY	0.370 ***	0.436 ***	0.312 ***	0.334 ***
FRIEND	0.292 ***	0.206 ***	0.267 ***	0.205 ***
NEIGHBOR	0.072 ***	0.161 ***	0.133 ***	0.117 **
SEX	(-0.027)	(-0.782) ***	(-0.567) **	(-0.969) ***
MARSTAT	(-0.044)	(0.213) *	(-0.264) **	(-0.002)
SES	0.065 **	0.124 ***	0.084 ***	0.035
R^2	0.362	0.395	0.346	0.290

Note: Coefficients are standardized betas except for categorical variables where unstandardized coefficients are reported in parentheses.
* p<.10, ** p<.05, *** p<.01.

Including the demographic variables, i.e., sex, martial status and socioeconomic status and social support measures, all six variables accounted for 36.2 percent of the variation in well-being for individuals in early adulthood. The corresponding figures for early middle age, late middle age

and late age stages were 39.5 percent, 34.6 percent, and 29.0 percent, respectively.

Table 3 presents a comparison of probability values for the least squares means for each age group in relation to social support and well-being.

Table 3. Probability Values for Comparison of Difference for Social Support and Morale Among Four Stages of Adulthood.

Well-Being

FAMILY FRIEND NEIGHBOR	Stages of Adulthood			
	18-34	35-44	45-64	65 and Older
18-34	----			
35-44	0.824 0.261 0.386	----		
45-64	0.027 ** 0.001 *** 0.024 **	0.116 0.934 * 0.275	----	
65 & Older	0.473 0.523 0.001 ***	0.421 0.150 0.0001 ***	0.014 * 0.001 *** 0.0001 ***	----

Note: Significant differences at * p<.10, ** p<.05, *** p<.01.

Where family support is high, no significant difference was found between age groups, except for the difference between early adulthood and late middle-aged, and late middle aged and the aged. Where support given by friends is high, the level of well-being significantly differs between early adulthood and late middle-aged groups, and early and late middle-aged, and late middle-aged and the aged. High support by neighbors affects well-being differently in various stages of adulthood except for no significant differences found

between individuals in early adulthood and early middle-aged, and early and late-middle aged groups. Overall comparison shows that there are consistent differences between late middle-aged and the rest of the groups. Persons in early adulthood, early middle-age and aged groups do not differ significantly from each other in terms of well-being as it's influenced by social support.

In summary, social support seems to influence well-being in a hypothesized direction. However, significant differences are found in late middle-aged groups from the rest of groups.

DISCUSSION

The results of this study clearly show that social support is positively related to well-being. Particularly, family support was found to be the most important predictor of well-being. Support by friends also positively influences morale. This finding seems consistent with the theories discussed previously in this paper. It is somewhat different from gerontological studies which found comparatively strong effects of friendship interaction on morale and no such effects of family interaction on morale.

These different findings may be due to the difference in measuring interaction and social support variables. Lemon et al. (1972) attempted to elaborate the implicit basis of the activity theory. However, in spite of their pioneering work which carefully attempted to articulate a systematic statement of the activity theory, the test of the theory by Lemon et al. resulted in ambiguous findings. The only significant empirical finding was that activity with friends was positively associated with life satisfaction. Neither frequency of interaction with family or neighbors, nor involvement in formal activities such as voluntary associations or solitary activities, were associated with life satisfaction. One of the limitations of the research by

Lemon et al., as they pointed out, is the measurement of social relations only in terms of frequency of such relations.

There has also been argument in terms of the dimension of informal support network used in the previous studies (Cohen et al., 1985). Many argue that the quality of the relationship is important, not the quantity (Conner et al., 1979; Shanas, 1979; Liang et al., 1980; Ward et al., 1984). However, just as objective measures of the quantity of social involvement have yielded inconsistent findings, more subjective approaches have not yielded a clear pattern of results. Liang et al. (1980) found that subjective feelings of social integration mediated the effects of objective integration; objective integration had no direct effect on morale but was related to morale through its link with subjective feelings of integration. Schooler et al. (1981), however, found that subjective integration had little association with morale, although objective integration had a modest direct effect. Similarly, Moriwaki (1973) found that quantity (number of intimates) was more important to well-being than quality.

In this study, social support was conceptualized in terms of objective dimension such as frequency of interaction as well as one's perception about such relationships, therefore reflecting both quantity and quality aspects of social support. Combining these two dimensions, we could capture a wide range of social support factors, thus social support was found to be a strong predictor of well-being.

The other primary finding here is that the effects of social support on morale does not differ so much among different stages of adulthood except for the difference between late middle-aged group and the rest of the age groups. Persons in late middle age are likely to have many transitory

experiences during this stage of life. Children are launched and they are likely to recognize a decline in their physical abilities and general health status. Furthermore, concern with one's health and eventual death are faced -- perhaps for the first time on a serious and personal level (Cameron et al., 1973). Similarly, Bengtson et al. (1977) report that the middle-aged expressed the greatest fear of death. All these factors may add up to characterize late middle-age as more unstable period of life in terms of psychological adjustment compared to other stages of adulthood.

The present study is unique in a sense that it provides a comparison among different stages of adulthood. The findings which come from the sample of only the aged will not reveal this and thus it may be misleading to imply that the effect of family, friends and neighbors on well-being are unique for the aged population. This type of systematic comparison of different stages of adulthood is in the embryonic stage. Nevertheless, comparison among age group is crucial in order to understand unique experiences of today's elderly.

One final point concerns the use of cross-sectional data in a discussion of difference over the life course. The data analyzed here are cross-sectional; therefore, care must be taken in interpreting differences by age stage. We have assumed that the major sources of differences found by age are a function of personal experiences and situational changes that accompany one in the process of aging. Nevertheless, it is highly probable that some differences may reflect socio-cultural values acquired by virtue of persons having been reared in different historical periods. For instance, persons of the Early Adulthood stage were born in the mid-20th Century while those in the late adulthood stage were born prior to World War I. The total confounding effect of being born in different historical eras cannot be completely

explained in the absence of comprehensive longitudinal studies. Nevertheless, research which compare the elderly with younger age groups may reveal some important similarities or differences among the persons in various stages of adulthood.

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